

Complete and return this form by US Mail or email attachment no later than **November 3, 2006**, to:

Office of the SJA
Marine Corps Base
PSC Box 20004
MCB Camp Lejeune, NC 28542-0004
Attn: Capt Phillips

Name: _____

Address: _____

- ☐ Attorney
- ☐ Paralegal

Check applicable block(s):

- ☐ Active duty military
- ☐ Civilian attorney supporting a military establishment
- ☐ Reserve / National Guard
- ☐ Military Retiree
- ☐ Veteran
- ☐ Civilian

Rank (for military): _____

Service: _____

Telephone Number: _____ Fax: _____

Email Address: _____

State(s) licensed to practice (indicate State Bar I.D. number after each state in which you are admitted to practice):
